

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lisa Eddington

Eddington Link, LLC

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Golden Bridge, LLC

Golden Bridge Funding

Stephan Felder, Esq.

Green Mountains Holding

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

Yes No

2023 FEB 29 AM 11:07
SOLAR PROSE OF THE
EARTH

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Home Improvement Resue Scam

Financial Hardship (after clearing debts regarding property)

Personal Injury

Intellectual Property (Publishings, Digital Platforms, Music Release)

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Lisa Ed dington,
(Plaintiff's name) is a citizen of the State of

New York State

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

Brooklyn, New York

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, Golden Bridge, LLC, is incorporated under the laws of the State of New York

and has its principal place of business in the State of Forest Hills, NY 11375
(DOB ID)
or is incorporated under the laws of (foreign state) Domestic, LLC 3805602
and has its principal place of business in Queens, N.Y.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Lisa

First Name

D

Middle Initial

Eddington

Last Name

<sup>D
B
A</sup>

Eddington, Link LLC

57 E 54th st

Street Address

Kings

County, City

Brooklyn New YORK 11203

State

Zip Code

347-435-6485

Telephone Number

lebkny@gmail.com

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	<u>Maurice</u>	<u>Dicks</u>	<u>(718) 908-0422</u>
	First Name	Last Name	(President)
<u>cert code 49 cop: 090904000710 (ArticleofOrg) #090501000728</u>			
Current Job Title (or other identifying information)			
<u>116-55 Queens Blvd, Suite 201</u>			
Current Work Address (or other address where defendant may be served)			
	<u>Forest Hills</u>	<u>N.Y.</u>	<u>11375</u>
County, City	State	Zip Code	
Defendant 2:	<u>Stephen</u>	<u>Felder</u>	<u>Est PC</u>
	First Name	Last Name	
<u>(Partner) DSA Golden Bridge Associate</u>			
Current Job Title (or other identifying information)			
<u>116-55 Queens Blvd Suite 201</u>			
Current Work Address (or other address where defendant may be served)			
	<u>Forest Hills</u>	<u>N.Y.</u>	<u>11375</u>
County, City	State	Zip Code	
Defendant 3:	<u>Green Mountains Holding</u>		
	First Name	Last Name	
<u>Loan Department / Insurance</u>			
Current Job Title (or other identifying information)			
<u>1688 Meridian Ave, Ste 610</u>			
Current Work Address (or other address where defendant may be served)			
	<u>Miami Beach</u>	<u>FL</u>	<u>33139</u>
County, City	State	Zip Code	

Defendant 4:	<u>Danielle P. Light</u>	
	<u>First Name</u>	<u>Last Name</u>
	<u>450 Seventh Ave, Ste 1408</u>	
	<u>Current Job Title (or other identifying information)</u>	
	<u>Hasbani & Light PC</u>	
	<u>Current Work Address (or other address where defendant may be served)</u>	
	<u>New York</u>	<u>N.Y.</u>
	<u>County, City</u>	<u>State</u>
	<u>10123</u>	
	<u>Zip Code</u>	

III. STATEMENT OF CLAIM

Place(s) of occurrence: New York City/(57 E 54th st, Bklyn)

Date(s) of occurrence: 2019 - 2022 / 2000 - 2018 (LE)

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

① see attached Sheets (documents)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received. Thearapist (Marie Claire) - Interboro 718-778-0485 (Dr. Islam)

Financial hardship attacked after loss of relatives. suffered mental anxiety, environmental harm (NO heat and hot water operating since (2014). Equity disabled- (construction not completed, loss of income).

(see attached documents) Filed for disability (Appealing denial as of Interboro (out patient) - Brooklyn, N.Y. 11203 2019

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

DEED RETURNED - EDDINGTON LINK - (NO ARTICLE OF

Registered / Null and void (Mortgage agreement) regarding construction not completed within terms. Punitive Damages.

Non-enrichment environment - accumulation (2012-2023)

Mute of the agreement, barriers which has expenses in reaccuarce, opened and unpaid regarding business endeavors.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2/27/23

Dated

LISA

D

First Name

Middle Initial

Plaintiff's Signature

Lisa Eddington

Last Name

57 E 54th st

Street Address

Kings Bklyn

NY

11203

County, City

State

Zip Code

347-435-6485

Telephone Number

lcbkny@gmail.com

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Department of State

Division of Corporations

Entity Filing History

[Return to Results](#) [Return to Search](#)

Entity Details

ENTITY NAME: GOLDENBRIDGE LLC **DOS ID:** 3805602
FOREIGN LEGAL NAME: **FICTITIOUS NAME:**
ENTITY TYPE: DOMESTIC LIMITED LIABILITY COMPANY **DURATION DATE/LATEST DATE OF DISSOLUTION:**
SECTION OF LAW: 203 LLC - LIMITED LIABILITY COMPANY LAW **ENTITY STATUS:** ACTIVE
DATE OF INITIAL DOS FILING: 05/01/2009 **REASON FOR STATUS:**
EFFECTIVE DATE INITIAL FILING: 05/01/2009 **INACTIVE DATE:**
FOREIGN FORMATION DATE: **STATEMENT STATUS:** PAST DUE DATE
COUNTY: KINGS **NEXT STATEMENT DUE DATE:** 05/31/2011
JURISDICTION: NEW YORK, UNITED STATES **NFP CATEGORY:**

FILING HISTORY

Search

File Date	Cert Code	Document Type	Description/Amended Information	Page Count	File Number
09/04/2009	49	CERTIFICATE OF PUBLICATION		5	090904000710
05/01/2009	01	ARTICLES OF ORGANIZATION		2	090501000728

Rows per page: 5 ▾ 1-2 of 2 < >

Department of State

Division of Corporations

Entity Name History

[Return to Results](#)
[Return to Search](#)

Entity Details

ENTITY NAME: GREEN MOUNTAIN HOLDINGS LLC **DOS ID:** 4855151
FOREIGN LEGAL NAME: **FICTITIOUS NAME:**
ENTITY TYPE: DOMESTIC LIMITED LIABILITY COMPANY **DURATION DATE/LATEST DATE OF DISSOLUTION:**
SECTION OF LAW: 203 LLC - LIMITED LIABILITY COMPANY LAW **ENTITY STATUS:** ACTIVE
DATE OF INITIAL DOS FILING: 11/25/2015 **REASON FOR STATUS:**
EFFECTIVE DATE INITIAL FILING: 11/25/2015 **INACTIVE DATE:**
FOREIGN FORMATION DATE: **STATEMENT STATUS:** PAST DUE DATE
COUNTY: KINGS **NEXT STATEMENT DUE DATE:** 11/30/2017
JURISDICTION: NEW YORK, UNITED STATES **NFP CATEGORY:**

NAME HISTORY

Search

File Date	Document Type	Entity Name	File Number
11/25/2015	ARTICLES OF ORGANIZATION	GREEN MOUNTAIN HOLDINGS LLC	151125010057

Rows per page: 5 ▾ 1-1 of 1 ⏪ ⏩

UNITED STATES DISTRICT COURT
for the
Eastern District of New York

GREENMOUNTAIN HOLDINGS (CAYMAN) LTD.

)
)
)
)
)

Plaintiff(s)

v.

Civil Action No. 21cv1729

EDDINGTON LINK, LLC et. al. *

)
)
)
)
)

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Eddington Link, LLC
57 E 54th Street
Brooklyn, NY 11203

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Hasbani & Light, PC

Danielle P. Light
450 Seventh Avenue, Ste 1408
New York, NY 10123

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 03/30/2021



DOUGLAS C. PALMER
CLERK OF COURT

/s/ Priscilla Bouwens

Signature of Clerk or Deputy Clerk

*

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
GREEN MOUNTAIN HOLDINGS (CAYMAN) LTD.,

Plaintiff,

-against -

EDDINGTON LINK, LLC, LISA EDDINGTON,
JOHN DOE and JANE DOE, the last two names being
fictitious, it being intended to name all other parties who
may have some interest in or lien upon the premises
described in the complaint,

Defendants.

-----X

ALLONGE TO NOTE

Note Dated: May 2, 2019
Amount: \$250,000.00
Property Mortgaged: 57 East 54th Street, Brooklyn, New York 11203
Borrower: Eddington Link, LLC
Lender: GOLDEN BRIDGE LLC d/b/a GOLDEN BRIDGE FUNDING LLC

This Assignment is being made without representation, warranty, or recourse by or to Assignor in any event or any reason whatsoever.

Pay to the order of, **GREEN MOUNTAIN HOLDINGS (CAYMAN) LTD., its successors and assigns**, its successors and/or assigns.

Date: February 9, 2021

GOLDEN BRIDGE LLC d/b/a
GOLDEN BRIDGE FUNDING LLC.



By: Ian Axelrod – Authorized Signatory

— Bargain and Sale Deed, with Covenant against Grantor's Acts — Individual or Corporation (Single Sheet)

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT—THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY.

THIS INDENTURE, made the 2nd day of May, in the year 2019

BETWEEN THE ESTATE OF JAMES W. EDDINGTON, located at 57 E. 54th Street Brooklyn, NY 11203 deceased November 20, 2012, resident of Kings County, New York

party of the first part, and EDDINGTON LINK LLC, 57 E. 54th Street, Brooklyn, New York 11203

party of the second part,

WITNESSETH, that the party of the first part, in consideration of

-0- dollars

paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the County of Kings, State of New York

SEE SCHEDULE 'A' ATTACHED

Premises also known as 57 E 54hStreet, Brooklyn, New York 11203

Being and intended to be the same premises conveyed from Seymour W Finkel to James W Eddington and Lula Mae Eddington dated May 22, 1969, and recorded in Reel 336, page

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof; TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises; TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part covenants that the party of the first part has not done or suffered anything whereby the said premises have been encumbered in any way whatever, except as aforesaid.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose. The word "party" shall be construed as if it ~~good "mention"~~ whenever the sense of this indenture so requires.

**AFFIDAVIT OF COMPLIANCE
WITH SMOKE DETECTOR REQUIREMENT
FOR ONE- AND TWO-FAMILY DWELLINGS**

State of New York

County of *Queens*

The undersigned, being duly sworn, depose and say under penalty of perjury that they are the grantor and grantee of the real property or of the cooperative shares in a cooperative corporation owning real property located at

57 E 54TH STREET

Street Address Unit/Apt.

BROOKLYN

Borough

New York,

4624

Block

54

Lot

(the "Premises");

That the Premises is a one or two family dwelling, or a cooperative apartment or condominium unit in a one- or two-family dwelling, and that installed in the Premises is an approved and operational smoke detecting device in compliance with the provisions of Article 6 of Subchapter 17 of Chapter 1 of Title 27 of the Administrative Code of the City of New York concerning smoke detecting devices;

That they make affidavit in compliance with New York City Administrative Code Section 11-2105 (g). (The signatures of at least one grantor and one grantee are required, and must be notarized).

Lisa Eddington

Name of Grantor (Type or Print)

Lisa Eddington

Signature of Grantor

Lisa Eddington

Name of Grantee (Type or Print)

Lisa Eddington

Signature of Grantee

Sworn to before me

this 2 day of May 20 19

TAMMY MAROTTA
Notary Public, State of New York
No. 01MA6056517
Qualified in Suffolk County
Commission Expires February 26, 2023

Sworn to before me

this 2 day of May 20 19

TAMMY MAROTTA
Notary Public, State of New York
No. 01MA6055517
Qualified in Suffolk County
Commission Expires February 26, 2023

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6th, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE- OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.



The City of New York
Department of Environmental Protection
Bureau of Customer Services
59-17 Junction Boulevard
Flushing, NY 11373-5108

Customer Registration Form for Water and Sewer Billing

Property and Owner Information:

(1) Property receiving service: BOROUGH: BROOKLYN BLOCK: 4624 LOT: 54

(2) Property Address: 57 E 54TH STREET, BROOKLYN, NY 11203

(3) Owner's Name: EDDINGTON LINK LLC

Additional Name:

Affirmation:

Your water & sewer bills will be sent to the property address shown above.

Customer Billing Information:

Please Note:

- A. Water and sewer charges are the legal responsibility of the owner of a property receiving water and/or sewer service. The owner's responsibility to pay such charges is not affected by any lease, license or other arrangement, or any assignment of responsibility for payment of such charges. Water and sewer charges constitute a lien on the property until paid. In addition to legal action against the owner, a failure to pay such charges when due may result in foreclosure of the lien by the City of New York, the property being placed in a lien sale by the City or Service Termination.
- B. Original bills for water and/or sewer service will be mailed to the owner, at the property address or to an alternate mailing address. DEP will provide a duplicate copy of bills to one other party (such as a managing agent), however, any failure or delay by DEP in providing duplicate copies of bills shall in no way relieve the owner from his/her liability to pay all outstanding water and sewer charges. Contact DEP at (718) 595-7000 during business hours or visit www.nyc.gov/dep to provide us with the other party's information.

Owner's Approval:

The undersigned certifies that he/she/it is the owner of the property receiving service referenced above; that he/she/it has read and understands Paragraphs A & B under the section captioned "Customer Billing Information"; and that the information supplied by the undersigned on this form is true and complete to the best of his/her/its knowledge.

Print Name of Owner: Eddington Link LLC - Lisa Eddington 5/2/19

Signature: Lisa Eddington Date (mm/dd/yyyy)

Name and Title of Person Signing for Owner, if applicable:



REAL PROPERTY TRANSFER TAX RETURN

(Pursuant to Title 11, Chapter 21, NYC Administrative Code)

▲ DO NOT WRITE IN THIS SPACE ▲
FOR OFFICE USE ONLY

GRANTOR

<input checked="" type="radio"/> Name ESTATE OF JAMES W EDDINGTON				SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Granter is a(n): <input type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> corporation <input type="checkbox"/> (check one) <input type="checkbox"/> single member LLC <input type="checkbox"/> multiple member LLC <input checked="" type="checkbox"/> other ESTATE/TRUST				Telephone Number	
<input type="checkbox"/> Permanent mailing address <u>after</u> transfer (number and street) 57 E 54TH STREET				OR	
<input type="checkbox"/> City and State BROOKLYN, NY				EMPLOYER IDENTIFICATION NUMBER	
<input type="checkbox"/> Single member's name if grantor is a single member LLC				1 3 ■ 0 6 2 0 4 1 3 SINGLE MEMBER EIN OR BSN	

GRANTEE

<input checked="" type="radio"/> Name EDDINGTON LINK LLC				SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Grantee is a(n): <input type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> corporation <input type="checkbox"/> (check one) <input checked="" type="checkbox"/> single member LLC <input type="checkbox"/> multiple member LLC <input type="checkbox"/> other _____				Telephone Number	
<input type="checkbox"/> Permanent mailing address <u>after</u> transfer (number and street) 57 E 54TH STREET				OR	
<input type="checkbox"/> City and State BROOKLYN, NY				EMPLOYER IDENTIFICATION NUMBER	
<input type="checkbox"/> Single member's name if grantee is a single member LLC LISA EDDINGTON				8 3 ■ 4 5 8 8 2 1 1 SINGLE MEMBER EIN OR BSN	
				130-62-0413	

PROPERTY LOCATION

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED							
Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	Assessed Value of Property
57 E 54TH STREET		BROOKLYN	4624	54	1	1,767	25,440.00

<input type="checkbox"/> DATE OF TRANSFER TO GRANTEE:	5/2/2019	<input checked="" type="radio"/> PERCENTAGE OF INTEREST TRANSFERRED:	100	%
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CONDITION OF TRANSFER. See Instructions

<input type="checkbox"/> Check <input checked="" type="checkbox"/> all of the conditions that apply and fill out the appropriate schedules of this return. Additionally, Schedules 1 and 2 must be completed for all transfers.													
a.	<input checked="" type="checkbox"/> Arms length transfer												
b.	<input type="checkbox"/> Transfer in exercise of option to purchase												
c.	<input type="checkbox"/> Transfer from cooperative sponsor to cooperative corporation												
d.	<input type="checkbox"/> Transfer by referee or receiver (complete Schedule A)												
e.	<input type="checkbox"/> Transfer pursuant to marital settlement agreement or divorce decree (complete Schedule I)												
f.	<input type="checkbox"/> Deed in lieu of foreclosure (complete Schedule C)												
g.	<input type="checkbox"/> Transfer pursuant to liquidation of an entity (complete Schedule D)												
h.	<input type="checkbox"/> Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E)												
i.	<input type="checkbox"/> Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will)												
j.	<input type="checkbox"/> Gift transfer not subject to indebtedness												
k.	<input type="checkbox"/> Gift transfer subject to indebtedness												
l.	<input type="checkbox"/> Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F)												
m.	<input type="checkbox"/> Transfer to a governmental body												
n.	<input type="checkbox"/> Correction deed												
o. <input type="checkbox"/> Transfer by or to a tax exempt organization (complete Schedule G) p. <input type="checkbox"/> Transfer of property partly within and partly without NYC q. <input type="checkbox"/> Transfer of successful bid pursuant to foreclosure r. <input type="checkbox"/> Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security s. <input type="checkbox"/> Transfer wholly or partly exempt as a mere change of identity or form of ownership. (Complete Schedule M) t. <input type="checkbox"/> Transfer to a REIT or to a corporation or partnership controlled by a REIT. (Complete Schedule R) u. <input type="checkbox"/> Other transfer in connection with financing (describe): _____ v. <input type="checkbox"/> A grant or assignment of a leasehold interest in a tax-free NY area w. <input type="checkbox"/> Transfer to an HDFC or an entity controlled by an HDFC. (Complete Schedule L) x. Reserved y. Reserved z. <input type="checkbox"/> Other (describe)													

USE ONLY
County Code C2. Date Deed Recorded / /
Book C4. Page
OR
C5. CRFN



REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217NYC

PROPERTY INFORMATION

1. Property Location 57 E 54TH STREET BROOKLYN 11203
STREET NUMBER STREET NAME BOROUGH ZIP CODE2. Buyer Name EDDINGTON LINK LLC FIRST NAME
LAST NAME / COMPANYLAST NAME / COMPANY FIRST NAME3. Tax Billing Address Indicate where future Tax Bills are to be sent
if other than buyer address (at bottom of form) LAST NAME / COMPANY FIRST NAME
STREET NUMBER AND STREET NAME CITY OR TOWN STATE ZIP CODE4. Indicate the number of Assessment 1 # of Parcels OR Part of a Parcel
Roll parcels transferred on the deed 4A. Planning Board Approval - N/A for NYC
4B. Agricultural District Notice - N/A for NYC5. Deed Property Size X OR ACRES Check the boxes below as they apply:
FRONT FEET DEPTH 6. Ownership Type is Condominium
 7. New Construction on Vacant Land8. Seller Name ESTATE OF JAMES W EDDINGTON FIRST NAME
LAST NAME / COMPANYLAST NAME / COMPANY FIRST NAME

9. Check the box below which most accurately describes the use of the property at the time of sale:

A <input type="checkbox"/> One Family Residential	C <input type="checkbox"/> Residential Vacant Land	E <input type="checkbox"/> Commercial	G <input type="checkbox"/> Entertainment / Amusement	I <input type="checkbox"/> Industrial
B <input checked="" type="checkbox"/> 2 or 3 Family Residential	D <input type="checkbox"/> Non-Residential Vacant Land	F <input type="checkbox"/> Apartment	H <input type="checkbox"/> Community Service	J <input type="checkbox"/> Public Service

SALE INFORMATION

10. Sale Contract Date 5 / 2 / 2019
Month Day Year

14. Check one or more of these conditions as applicable to transfer:

A <input type="checkbox"/> Sale Between Relatives or Former Relatives
B <input type="checkbox"/> Sale Between Related Companies or Partners in Business
C <input type="checkbox"/> One of the Buyers is also a Seller
D <input type="checkbox"/> Buyer or Seller is Government Agency or Lending Institution
E <input type="checkbox"/> Deed Type not Warranty or Bargain and Sale (Specify Below)
F <input type="checkbox"/> Sale of Fractional or Less than Fee Interest (Specify Below)
G <input type="checkbox"/> Significant Change in Property Between Taxable Status and Sale Dates
H <input type="checkbox"/> Sale of Business is Included in Sale Price
I <input type="checkbox"/> Other Unusual Factors Affecting Sale Price (Specify Below)
J <input checked="" type="checkbox"/> None

11. Date of Sale / Transfer 5 / 2 / 2019
Month Day Year12. Full Sale Price \$ 0(Full Sale Price is the total amount paid for the property including personal property.
This payment may be in the form of cash, other property or goods, or the assumption of
mortgages or other obligations.) Please round to the nearest whole dollar amount.13. Indicate the value of personal property included in the sale

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Building Class B, 1 16. Total Assessed Value (of all parcels in transfer) , 2 , 5 , 4 , 4 , 0

17. Borough, Block and Lot / Roll Identifier(s) (If more than three, attach sheet with additional identifier(s))

BROOKLYN 4624 54

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

Lucia Edelstein

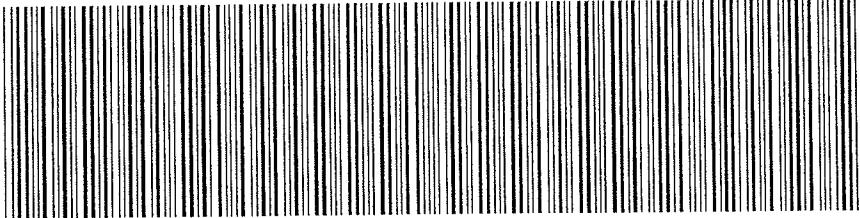
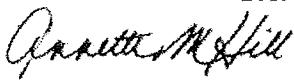
BUYER

5/2/19

BUYER'S ATTORNEY

BUYER SIGNATURE 57 E 54TH STREET	Eddington Link LLC Lisa Eddington		DATE	LAST NAME	FIRST NAME
STREET NUMBER	STREET NAME (AFTER SALE)		AREA CODE	TELEPHONE NUMBER	
BROOKLYN	NY	11203	SELLER Lisa Eddington		DATE 5/2/19
CITY OR TOWN	STATE	ZIP CODE	SELLER SIGNATURE		

Case 1:21-cv-01729-EK-RER Document 1-3 Filed 03/30/21 Page 2 of 39 PageID #: 50

NYC DEPARTMENT OF FINANCE OFFICE OF THE CITY REGISTER This page is part of the instrument. The City Register will rely on the information provided by you on this page for purposes of indexing this instrument. The information on this page will control for indexing purposes in the event of any conflict with the rest of the document.		 2019052200067002001E482E	
RECORDING AND ENDORSEMENT COVER PAGE			
PAGE 1 OF 38			
Document ID: 2019052200067002		Document Date: 05-02-2019	Preparation Date: 05-22-2019
Document Type: MORTGAGE Document Page Count: 36			
PRESENTER: EQUITY SETTLEMENT SERVICES INC 444 ROUTE 111 SMITHTOWN, NY 11787 631-648-1305 LISA.EOVIERO@EQUITYSETTLEMENT.COM		RETURN TO: EQUITY SETTLEMENT SERVICES INC 444 ROUTE 111 SMITHTOWN, NY 11787 631-648-1305 LISA.EOVIERO@EQUITYSETTLEMENT.COM	
PROPERTY DATA			
Borough	Block	Lot	Unit
BROOKLYN	4624	54	Entire Lot
57 E 54TH STREET			
Property Type: DWELLING ONLY - 2 FAMILY			
CROSS REFERENCE DATA			
CRFN _____ or DocumentID _____ or _____ Year _____ Reel _____ Page _____ or File Number _____			
PARTIES			
MORTGAGOR/BORROWER: EDDINGTON LINK LLC 57 E 54TH STREET BROOKLYN, NY 11203		MORTGAGEE/LENDER: GOLDEN BRIDGE LLC C/O STEPHEN I FEDER EST PC, 116-55 QUEENS BLVD, SUITE 201 FOREST HILLS, NY 11375	
<input checked="" type="checkbox"/> Additional Parties Listed on Continuation Page			
FEES AND TAXES			
Mortgage : Mortgage Amount: \$ 250,000.00 Taxable Mortgage Amount: \$ 250,000.00 Exemption:		Filing Fee: \$ 0.00 NYC Real Property Transfer Tax: \$ 0.00 NYS Real Estate Transfer Tax: \$ 0.00	
TAXES: County (Basic): \$ 1,250.00 City (Additional): \$ 2,500.00 Spec (Additional): \$ 0.00 TASF: \$ 625.00 MTA: \$ 720.00 NYCTA: \$ 0.00 Additional MRT: \$ 0.00 TOTAL: \$ 5,095.00		RECORDED OR FILED IN THE OFFICE OF THE CITY REGISTER OF THE CITY OF NEW YORK  Recorded/Filed 05-23-2019 15:05 City Register File No.(CRFN): 2019000164023  City Register Official Signature	
Recording Fee: \$ 217.00 Affidavit Fee: \$ 0.00			

LLC RESOLUTION

The undersigned, sole member of **Eddington Link LLC.**, (hereinafter referred to as the "LLC") hereby certifies that she is the sole member of the above-mentioned LLC.

Managing Member

IT IS RESOLVED, that the **President** is hereby authorized to perform any legal acts on behalf of said LLC including the purchase of the premises known as 57 E 54th Street Brooklyn NY 11203 under such terms and conditions as she deems necessary or advisable, including, but not limited to obtaining financing in the sum of \$250,000.00 from Golden Bridge LLC.

LISA EDDINGTON hereby represents that no LLC taxes are owing or outstanding on the LLC named above.

IN WITNESS WHEREOF, I have hereunto, set my hand and seal as sole member of said LLC this 2 day of May, 2019.

Lisa Eddington
LISA EDDINGTON
Sole member

Progressive Homes & Development Inc.

INVOICE475 W Merrick Rd Ste 204
Valley Stream NY 11580

DATE: 5/01/19

TO:
Lisa Eddington and Eddington Link LLC.**FOR: CONSULTATION**

DESCRIPTION	AMOUNT
1) Property evaluation and expediting 2) Coordinating with the NYCOF, building department, NYCEP to get necessary pay offs leading up to a successful closing 3) Consultation on structure and coordinating with the necessary parties, Heirs, title company leading up to proper docs in order leading up to a successful closing 4) Corp Formation 5) lender advise and loan structure leading up to a successful closing 6) coordination between borrower, lender and attorneys leading up to a successful closing. 7) field property visits and consultation property rehabilitation. 8) project management	
Both Lisa Eddington and Eddington Link LLC agree to Hold Progressive Homes and Morais Harmless to the above mention transaction	
Lisa Eddington x <i>Lisa Eddington</i>	\$20,000.00
TOTAL	\$20,000.00

Make all checks payable to **Progressive Homes & Development Inc.**
Payment is due upon receipt.*OK to pay
K.E.*

PROGRESSIVE HOMES & DEVELOPMENT INC



475 W MERRICK RD VALLEY STREAM NY 11580
PHONE (516) 516-686-8400 FAX (516) 908-3803

5/01/2019

Re: 57 East 54th Street, Brooklyn, NY and Progressive Homes and Development

Goals of this project:

Renovate 2 apartments

Scope of work as follows:

Apartments:

- Renovate 2 apartments, frame where needed, sheetrock where needed, plaster, prime and paint, client can choose colors. New ground, wall, windows and door moldings throughout.
- Remove interior walls and frame as needed
- Change or Restore wood floors as needed, sand and refinish to look like new.
- Gut and repair 2 bathrooms, New Tile throughout walls and floors bathrooms as needed, new toilets, tubs and vanities.
- Remove all garbage/ debris from apartments and discard accordingly
- Restore and level flooring for both apartments, if existing floor is in place, sand and refinish to look like new and Place all new wood floors where floors are in disrepair.
- Gut and install 2 new Kitchens, update back splash, Formica countertops, add lights where needed, smooth walls and paint.
- Update all the Apartment lightings and check and update all plugs and switches. *Update electrical where needed.*
- New floor tiles in 2 kitchen and install accordingly

Perf

- Update plumbing as needed and check for leaks and fix if needed
- Install all new windows front and back of building
- *GARAGE NOT INCLUDED*

TOTAL COST \$115,000.00 ~~\$115,000.00~~ \$100,000

Payment Schedule

- 1) Initial deposit 25% (\$57,500)

Remaining due as job progresses in 3-part payments

~~\$30,000~~

- 2) Second Installment \$40,000 DUE on request

- 3) Third installment \$10,000 DUE on request

- 4) fourth installment \$2,500 DUE on request (completion)

Please note:

pending written/email authorization by Lisa Eddington
I Lisa Eddington agree that my attorney Mark Crawford and the Crawford Law Firm can send funds requested on demand for construction to Progressive Homes and Development as requested with out delay. I also agree that Mark Crawford and the Crawford Law Firm is held harmless on all the intended transaction in the above mention. ALL Parties understand and agree that every effort will be made to complete Scope of Work (above) within 60 (sixty) days.

x Mark A JL

Progressive Homes and Development Inc.

x Lisa Eddington

Lisa Eddington

ESCROW DEPOSIT WITH INDEMNITY AGREEMENT

Date: 05/02/2019 15:00

Title No. 76044

DEPOSITOR: Buyer Seller X Borrower
(Check One)AMOUNT DEPOSITED: \$4,097.10 / \$1,364.40 \$3,306.80
+ \$55,000.00Lisa Eddington
(Depositor's Full Name)
57 East 54th St
(Depositor's Address)
Bklyn NY 11203
(Depositor's City, State Zip)PREMISES AFFECTED:
57 East 54th Street Brooklyn, NY 11203

{Depositor's phone}

County: KINGS

{Depositor's SS#}

Sec.

Block

Lot

DEPOSITOR hereby deposits into escrow with EQUITY SETTLEMENT SERVICES INC (hereinafter referred to as the "Company") and the Company hereby acknowledges receipt of the sum of {Amt of escrow dep (written out)} ({Amt of escrow dep (in numbers)}), (hereinafter referred to as the "Deposit") from Depositor for the purposes set forth below and upon the terms and conditions set forth on the reverse side hereof, which terms and conditions are incorporated herein and made a part hereof. The Depositor hereby specifically authorizes the company to use the Deposit to:

(A) X PAY, satisfy, discharge or otherwise dispose of the following lien(s) or encumbrance(s) which affect the Premises set forth above:

<u>Lien(s) or Encumbrance(s)</u>	<u>Amount of Lien or Encumbrance</u>	<u>Amount to be held in Escrow</u>
(1) <u>BACK TAXES</u>	(1)	(1) <u>\$4,097.10</u>
(2) <u>4/1/19 TAXES</u>	(2)	(2) <u>\$1,364.40</u>
(3) <u>OPEN DEP</u>	(3)	(3) <u>\$3,306.80</u>

OR TO

(B) ✓ HOLD the Deposit in escrow as security and indemnity for the production by the Depositor to the Company of appropriate proof discharging or satisfying by payment or otherwise the following lien(s) or encumbrance(s):Tax lien Holding 55,000.00
Pending payoff letterany coverage to be sent to:
CRAWFORD LAW FIRM PC as Attorney
244-16 Jericho Tpke
Floral Park, NY

If the Depositor fails to provide the Company with proof of Depositor's cure, removal or complete disposition of the lien(s) or encumbrance(s) set forth under (B) above within 30 days of the date hereof, then the Depositor, without any further or additional notice from the Company, hereby authorizes and fully empowers the Company to pay, satisfy or otherwise discharge such lien(s) or encumbrance(s). The determination of the appropriateness, sufficiency or acceptability of any proof disposing of a lien or encumbrance provided by the Depositor to the Company shall be solely within the Company's discretion. The Company agrees to refund the balance of the Deposit (less the Company's fees, charges, costs and expenses) to the Depositor upon the cure, removal, record discharge or satisfaction of the lien(s) or encumbrance(s) set forth above. The refund will be check made payable to the Depositor as named and set forth above and shall be delivered to the Depositor, Depositor's Attorney or Lisa Eddington

Depositor 1: Lisa EddingtonDepositor 2: Lincoln Minott

{Depositor's Attorney Name}

{Attorney's Address}

{Attorney's Phone Number}

Tammy Manetta
By: {Settlement Closer Full Name: First Last}Title Agent: EQUITY SETTLEMENT SERVICES INC

Note to Closer: Only bank, certified or cashier's checks are acceptable to fund the Deposit. Business, personal and third party checks are not acceptable. All checks must be made payable to Agent.

If the Depositor is a corporation, limited liability company, limited liability partnership, limited partnership or general partnership where not all of the partners are executing this Agreement, then the following individual guaranty must be signed:

Individual Guaranty

To induce the Company to enter into this Escrow Deposit with Indemnity Agreement, the undersigned unconditionally guarantees the performance of all the obligations of the Depositor hereunder.

{Seller Name}

Seller's Address:

{Guarantor's Name (Print or Type)}

Seller Phone:

Note: Terms and Conditions on reverse side

1507

STEPHEN I. FEDER, ESQ., P.C.

101TA ACCOUNT
11655 QUEENS BLVD., STE. 201
FOREST HILLS, NY 11375-6527

1-2/210

PAY TO THE ORDER OF Lisa Eddington
Twenty Six Thousand Three Hundred Ninety Six and 74
00 DOLLARS 00

CHASE 
JP Morgan Chase Bank, N.A.
www.Chase.com

FOR S. I. F. S.Y.
1000 150 711 100000211 90182029511





100 William Street
New York, NY 10038
Tel 212-417-3700
Fax 212-417-3890
www.mobilizationforjustice.org

September 13, 2021

VIA FEDEX OVERNIGHT

Lisa Eddington
57 E. 54th Street
Brooklyn, NY 11203

Dear Ms. Eddington,

Please find enclosed two documents: (1) a retainer with Mobilization for Justice, Inc. and (2) a declaration drafted in your name. Please review the declaration and retainer. If everything in the declaration is true and correct to the best of your knowledge, please sign the declaration and retainer and return both in the enclosed self-addressed stamped envelope. When I receive both documents from you, I will counter sign the retainer and return a copy to you. Note that Mobilization for Justice, Inc. will not represent you unless and until I sign the retainer on behalf of the firm.

Please feel free to email (jrebella@mfpj.org) or call (212-417-3757) if you have any questions or concerns.

Sincerely,

Joseph Rebella
Supervising Attorney
Mobilization for Justice, Inc.
100 William Street, 6th Floor
New York, NY 10038
T: (212) 417-3757
F: (212) 417-3890

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

GREEN MOUNTAIN HOLDINGS
(CAYMAN) LTD.

Case No.: 21-cv-01729-EK-RER

Plaintiff

-against-

DECLARATION OF LISA EDDINGTON

EDDINGTON LINK, LLC, LISA
EDDINGTON

Defendants.

STATE OF NEW YORK)
)
COUNTY OF KINGS)

Lisa Eddington, being duly sworn, deposes and says:

1. My name is Lisa Eddington. I am personally named a defendant in this action. I am also the sole owner of Eddington Link LLC, which is also a defendant in this action.
2. I inherited the property at 57 East 54th Street, Brooklyn, New York 11203 (the "Property") that is at issue in this foreclosure case from my late father.
3. The Property is a two-family home.
4. I have lived at the Property continuously since 1969.
5. In early 2019, I wanted to borrow money so that I could make home improvements and pay property tax delinquencies.
6. At that time, title to the Property was still in my late father's name.
7. I applied for traditional mortgage loans, but I was denied.
8. After unsuccessfully trying to find a mortgage lender, I asked a local real estate appraiser, Lincoln Minnott, if he knew anybody who would lend me the money.

9. Mr. Minnott introduced me to Marais Dicks of Progressive Global Network Inc. and Progressive Homes & Development Inc.

10. Mr. Dicks said that he could arrange both the mortgage and the construction to be done on the property.

11. Mr. Dicks had told me that he would complete construction within 60 days, and that the improvements would allow me to rent out the second unit in my home, which was not in rentable condition.

12. Mr. Dicks prepared a loan application in my name for a company called Golden Bridge.

13. On or about March 27, 2019, I signed the loan application that Mr. Dicks had completed and submitted the application to Golden Bridge.

14. As part of that loan application, I gave Golden Bridge permission to receive my credit information.

15. As far as I know, Mr. Dicks did not apply to any other company for a loan on behalf.

16. Mr. Dicks also referred me to an attorney, the Crawford Law Firm, PC to attend the closing with me.

17. On May 2, 2019, I attended the closing for the mortgage.

18. Included in the closing documents were documents related to Eddington Link LLC, specifically (1) the operating agreement creating Eddington Link LLC, and (2) a resolution authorizing me to enter into the mortgage on behalf of Eddington Link LLC.

19. I also signed a deed on behalf of my late father's estate, granting ownership of the Property to Eddington Link LLC.

20. I am the sole shareholder of Eddington Link LLC.

21. I do not conduct any business under the name of Eddington Link LLC, and Eddington Link LCC is not a bona fide company. Eddington Link LLC was only created and only exists for the purpose of the loan transaction.

22. Aside from the Property, Eddington Link LLC has no other assets.

23. I do not know who prepared the deed, operating agreement or corporate resolution. My retainer agreement with the Crawford Law Firm, PC only covered the firm's attendance at the closing and preparation of an affidavit of heirship to allow me to sign on behalf of my late father's estate.

24. Because my retainer with Crawford Law Firm, PC did not cover the creation of any corporate documents, I believe that these documents were prepared by Mr. Dicks or someone else acting on behalf of Golden Bridge.

25. At no time did I request that that the Crawford Law Firm, PC or anybody else create a business entity.

26. At the closing, I borrowed \$250,000. Of that \$250,000, \$30,000 was retained by the lender as prepaid interest; \$7,500 was retained by the lender as an origination fee; another \$7,500 was paid as a mortgage broker fee, presumably to Mr. Dicks or one of his entities.

27. A large portion of the remaining proceeds were paid to cover tax liens or other debts related to the property, and I received approximately \$26,000, which I used to cover utility bills and other personal expenses.

28. The remainder of the proceeds were held by Crawford Law Firm, PC to cover construction costs.

29. Before I closed on the loan, Mr. Dicks told me that after construction was completed, I would be able to rent the second unit in the property, and he could help me find a new loan with a more affordable interest rate.

30. However, after the closing, Mr. Dicks's company did not complete the construction on time and failed to obtain necessary permits. As a result, the work on the Property, both in my unit and in the other unit, was left unfinished, and I was not able to obtain any rental income from the Property.

31. Because the construction was not completed, I had no income and knew that I would not be able to pay the mortgage from Golden Bridge when it came due in May 2020.

32. I received the summons and complaint in April 2021, but I did not know how to respond to it because I am not familiar with legal process.

33. Because I was left without income from the rental property, I did not have enough money to pay an attorney to assist me with the papers.

34. The pandemic and associated office closures made finding an attorney who work with me much more difficult.

35. Eventually, I was able to retain Mobilization for Justice, Inc., a non-profit legal services organization.

Dated:

Lisa Eddington

LISA EDDINGTON

Only
6th Floor

Expires
End Of Day

09/23/2021 02:22 PM -



Dear M.....

**Mobilization for
Justice**
Services Since 1963

IGHT

100 William Street
New York, NY 10038
Tel 212-417-3700
Fax 212-417-3890
www.mobilizationforjustice.org

Please find enclosed two documents: (1) a retainer with Mobilization for Justice, Inc. and (2) a declaration drafted in your name. Please review the declaration and retainer. If everything in the declaration is true and correct to the best of your knowledge, please sign the declaration and retainer and return both in the enclosed self-addressed stamped envelope. When I receive both documents from you, I will counter sign the retainer and return a copy to you. Note that Mobilization for Justice, Inc. will not represent you unless and until I sign the retainer on behalf of the firm.

Please feel free to email (jrebella@mfillegal.org) or call (212-417-3757) if you have any questions or concerns.

Sincerely,

Joseph Rebella
Supervising Attorney
Mobilization for Justice, Inc.
100 William Street, 6th Floor
New York, NY 10038
T: (212) 417-3757
F: (212) 417-3890

30057140710008

THANK YOU FOR SHOPPING AT
MACY'S, HERALD SQUARE

TERMINAL 635 CUSTOMER COPY PURCHASE
3003 ASSC 029372 TR6114 03/11/04 757P

JR GUESS	QTY 1	11.90
767477025458	Orig	34.00
JR STREETWEAR	QTY 3	29.97
478000508060	Orig	52.00
SUBTOTAL		41.87
NY 8.625% TAX		3.61
TOTAL AMOUNT DUE STORE		45.48

APPROVE 393576
MASTER CARD XXXXXXXXXXXX1605 M
MASTER CARD 45.48

TOTAL SAVINGS
\$148.13

0036554114

KEEP THIS RECEIPT
FOR RETURN/EXCHANGE

See Reverse Side

MACY'S GIFT CARDS - THE PERFECT GIFT!

SERVICE ASSOCIATE

THANK YOU FOR BEING MY GUEST

MACY'S HOW MY G



Voice/Video Recording Policy for Examination

Policy Statement*

To maintain client confidentiality, The IMA Group strictly prohibits voice/video recording and photography in our medical clinics, including the waiting room and examination rooms.

Examinations may not be recorded in any format with or without the provider's knowledge.

“Recording” means the use of any device to capture images or voices, regardless of whether in person, by telephone or by any other means.

The IMA Group recognizes the need to protect confidentiality and that of others from unauthorized disclosure. This policy applies to all employees, contractors, and visitors of The IMA Group.

If you have a cellphone with you, it must be turned off while on the premises and placed face up on the provider's desk during examination.

The results of your examination will not be submitted if you fail to comply with this policy.

If you require a chaperone for your examination, please notify the receptionist.

*This policy does not apply to Workers' Compensation examinees as per Workers' Compensation Law § 137.

Affirmative Action/Equal Opportunity Employer

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not rediscover without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

.ial Medicine Associates P.C.

Notice of Privacy Practices

Notice of Privacy Practices - This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice please contact: our Privacy Officer at (800) 897-5252 x 326

We may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We are required by law to maintain the privacy of your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. This is not a complete list.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. In addition, we may disclose your protected health information from time -to -time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. We may use and disclose medical information about you in order to bill and collect payment for the services you receive at this facility from third parties that may be responsible for such costs.

Healthcare Operations: We may use a sign in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you. We may disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written Authorization, unless otherwise permitted or required by law as described below. You may revoke this Authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the Authorization.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your Consent or Authorization. These situations include:

Required By Law: We may use or disclose medical information about you when required to do so by federal, state or local law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting the Privacy Officer and documenting the specific restriction that you wish us to agree to.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (800) 897-5252 x 326 for further information.

Effective April 14, 2003

Revised 10/22/07; 8/18/09

Form # OP103

IMA GROUP, P.C.

PRIME 

345 Broadway
New York, NY, 10013

212-941-7900

Sales Receipt

11/09/2021 1:16 pm

cket: 220000753442
gister: Register 2
mployee: Albert

Video Recording Policy for Examination

Confidentiality, The IMA Group strictly prohibits voice/video recording in our medical clinics, including the waiting room and

Examinations may not be recorded in any format with or without the provider's knowledge.

"Recording" means the use of any device to capture images or voices, regardless of whether in person, by telephone or by any other means.

The IMA Group recognizes the need to protect confidentiality and that of others from unauthorized disclosure. This policy applies to all employees, contractors, and visitors of The IMA Group.

If you have a cellphone with you, it must be turned off while on the premises and placed face up on the provider's desk during examination.

The results of your examination will not be submitted if you fail to comply with this policy.

If you require a chaperone for your examination, please notify the receptionist.

*This policy does not apply to Workers' Compensation examinees as per Workers' Compensation Law § 137.

Affirmative Action/Equal Opportunity Employer

5 test

At a Special Term Part 77 of the Supreme Court of the State of New York held in and for the County of Kings at the Courthouse at 360 Adams Street, Room 575, Brooklyn, New York, on the day of **DEC 27 2018**, 2018.

P R E S E N T :

HON.

steven z masters

Justice

-----X

IN THE MATTER OF APPLICATION
OF DR. RICHARD KINYAMU,
ACTING DIRECTOR OF ADULT INPATIENT
PSYCHIATRY, DEPARTMENT OF PSYCHIATRY,
KINGS COUNTY HOSPITAL CENTER,

Petitioner,

for an order authorizing the
medication of LISA EDDINGTON,
a patient at said hospital.

ORDER TO SHOW CAUSE
MEDICATION OVER OBJECTION

Mental Hygiene Unit

No. 302275/18

-----X

Upon the petition of RICHARD KINYAMU, M.D. verified on the
day of **DEC 27 2018**, 2018, the affirmation of PAVEL
VERETILO, M.D., sworn to on the day of
2018,

DEC 27 2018

and UPON ALL PAPERS AND PROCEEDINGS HAD HEREIN,

LET the Respondent, LISA EDDINGTON, show cause at a
Special Term Part 77 of the Court held at Kings County Supreme
Court, 360 Adams Street, Room 575, Brooklyn, NY, on the

day of **DEC 31 2018**

, 2018 at *9:30 am* o'clock in

the forenoon of day, or as soon thereafter as counsel can be heard, why an Order should not be entered therein authorizing the involuntary medication of LISA EDDINGTON.

Sufficient reason appearing therefore, let service of a copy of this order, together with the papers upon which it was granted, be made upon the respondent, LISA EDDINGTON, by personal delivery on or before the ^{4pm} day of ^{4pm} DEC 27 2018, and the Mental Hygiene Legal Service, her attorneys, by personal service on or before the ^{4pm} day of ^{4pm} DEC 27 2018, be deemed good and sufficient service.

This Order shall not survive the transfer of the patient to another psychiatric hospital.

E N T E R

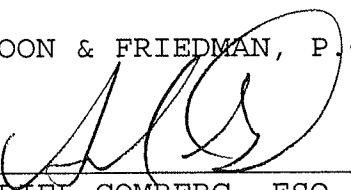
J.S.C.

This Order to Show Cause is supported by:

Petition of RICHARD KINYAMU, M.D.

Affirmation of PAVEL VERETILO, M.D.

McALOON & FRIEDMAN, P.C.

By: 
ARIEL GOMBERG, ESQ.

Attorneys for Petitioner
123 William Street
New York, New York 10038
Tel. No.: (212) 732-8700